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## Original.

### REMOVAL OF THE SUPERIOR MAXILLARY BONE—DOURNOT'S SURGICAL ENGINE.

REPORTED FROM DR. J. E. GARRETSON'S SURGICAL CLINIC BY M. H. C.

Dournot's engine is the latest device in its direction, and, for a machine of this kind, faultless as to construction. The surgical world is indebted to the White Dental Manufacturing Company, which at great expense in way of patience, cost, and application have furnished Dr. Garretson's clinic an original, designed to be copied, which is said by this surgeon to leave nothing to desire. The velocity in the way of revolutions that is given a bur by this engine is from ten to fifteen thousand a minute, while the power is capable of drilling into stone.

It would seem but a question of time, and a very short time at that, when the refinement afforded surgical performances by the surgical engine will render inexcusable the bungling hand performances exhibited at clinics generally. Using the Bonwill engine, which is not nearly so steady as the Bournot, the writer has seen Dr. Garretson remove through A, slit made in the soft palate, the body of the sphenoid bone; a performance that is certainly delicacy itself.

On the first Saturday of April last Dr. Garretson, with a view of showing the capability of the new engine, and affording a contrast with the common mode of removing the superior maxillary bone, spoke and operated at his clinic, as follows:

"The original idea, as it relates with an operation now to be shown the class, deals with the removal of the os coccyx without disturbance of the perineum, a performance that I have accomplished on several occasions to the complete satisfaction of all concerned.

"This operation is nothing more complicated than exposing the bone by an incision, reaching it from the surface, and, after slitting it open and pushing to either side the periosteum, bur away the bone, the subperiosteal tissue being left undisturbed."

"I consider this about the most complete surgical operation I have ever devised; indeed, I feel disposed to say that it is perfect. To appreciate it one needs but to consider the removal of a letter from its envelope, the removal being accomplished by a slit across the face of such envelope, the withdrawal of the contents, and the laying back into place of the disturbed sides of said face.

"Applying the method to the removal of the superior maxillary bone, which bone is of similar significance to the coccyx in being enveloped, I am now to show the class an ablation of this part, divested wholly of its horrid aspect, and leaving an external scar that after a short time will not be observable."

The patient was a young lady about nineteen years of age; the disease being sarcoma.

To afford an exposure Dr. Garretson made a simple division of the upper lip in the exact median line, carrying this below and across the ala. He next quickly extracted the teeth, thus giving egress to the bone. Next using a large bur attached to the handpiece of the engine, the whole jaw was ground from its bed leaving the soft parts open to examination.

The hesitation felt by every surgeon in connection with the extirpation of

the upper jaw has explanation in the shock and hemorrhage attending the operation.

In the performance here described both are reduced to the minimum. The patient here referred to sat up after three days, and a week later went to her home. The cut in the lip, even after so short a space of time, scarcely showed beyond a few feet distance, union by first intention having been secured.

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## IMMEDIATE CAPSULOTOMY FOLLOWING THE REMOVAL OF CATARACT.*

BY L. WEBSTER FOX, M. D.,
PHILADELPHIA, PA.

All ophthalmic surgeons endeavor to obtain perfect vision after the removal of a cataract. On account of its prevalence the loss of one of the most valued of the senses and the restoration to vision by a bloodless and painless operation have concurred to render this operation an object of the highest attention to surgeons; and the progress of improvement in the operation has been commensurate with the advances made in surgery elsewhere in the economy. Unfortunately, with all our skill and knowledge, success does not always follow the removal of an opaque lens. The many contingencies incident to the healing of the wound, the distortion of the cornea, the subsequent change in the media caused by iritis, or a thickening of the posterior capsule, one or all of these factors play a very important role in the subsequent restoration of visions.

The opaque lens, with its capsule, obstructs the vision, causing blindness of the patient. To remove this obstruction requires considerable dexterity; to restore vision, absolute cleanliness and most careful after treatment. The most disheartening factor in a cataract operation is that sooner or later the posterior capsule thickens, and again dimness of vision follows; the lessening of the sight is not so great as it was before the removal of the lens, but still the patient is debarred the comfort of reading, writing or attending to business matters in which it is necessary to have perfect vision. It is to prevent this latter change that I advocate the splitting or parting of the posterior capsule at the time of the primal operation.

Having had the opportunity of following many operators—good, bad and indifferent—and noting the after results, I frequently saw an excellent vision follow bungling manipulation. The surgeons did not possess that delicate sense of touch so essential in making the corneal incision, snipping the iris, lacerating the anterior capsule, and delivering the lens. They lost courage, or their hand became so tremulous after they had ruptured the capsule that the operation would have been a failure had they not taken a lens scoop in hand, entered the eye, and fished out the cataract and its capsule, with always more or less loss of vitreous. With very great care in the after-treatment many of these patients would recover, and, in the majority of cases which did recover, no capsule interfered with their visual acuity. It was witnessing such operations that led me to think that a parallel process, carried out, however, on more delicate operative lines, at the time of the primary operation, would still lessen the dangers that such harsh measures would be sure to excite.

The ancient method of removing cataracts from the direct line of vision was by couching; that is, passing a delicate needle through the sclerotic coat on the temporal side of the eyeball, posterior to the ciliary bodies; pressing it forward and into the crystalline lens. Then, by a backward sweep of the point of the needle, lens and capsule were torn from their position and deposited down and out in the vitreous chamber. Celcus, the celebrated Roman physican, who lived at or about the commencement of the Christian era, describes, and is generally esteemed the father of this operation. It was not very satisfactory in its results, according to the data obtainable from the earlier writers. Fabricius, who flourished in 1600, speaks with great despondency of this operation; later on, Hiester, 1711, says: "Though the operation is easy to be performed, the success is so very precarious that amongst a great number of persons, couched by the most distinguished oculists, very few met with the desired results; and upon the vast number of patients upon whom the celebrated itin-

*Read before the State Medical Society of Pennsylvania, May 17, 1894.

erant Taylor operated not one in a hundred recovered his sight." He further says that in several different places he saw many miserable objects in tormenting pain, arising from inflammation consequent upon the operation, and that of those who regained their vision there was scarcely one in ten who did not sooner or later lose it again. For 1800 years this puncturing of the eyeball, with its most deplorable results, was the only method held out to the blind. It was the outgrowth of an accident which gave birth to the rival plan of extracting the opaque lens through an incision of the transparent cornea. It was the failure to remove a cataract, which had escaped into the anterior chamber by couching, that led M. Mery to recommend, in the year 1707, the practice of extraction in all other cases of this disease. It was left, however, for Daviel, the celebrated surgeon of Paris, 1745, to bring forward this method as one infinitely less dangerous than couching. From that day to this the incision is made through the cornea, or along its margin, and the percentage of loss is to-day what the gain of vision was 150 years ago.

PRELIMINARY TREATMENT ESSENTIAL IN CATARACT OPERATIONS.

I deem it of the greatest importance to interrogate all cataract patients presenting themselves for an operation, as to their general habits and family history, and to make a careful examination of the urine, restricting meat diet, and increasing a vegetable one; while last but not least, placing the patient, one week before the operation, on the mixed treatment, also paying particular attention to bathing both eyes with a boracic solution containing sulpho-carbolate of zinc; examining the eyelashes and particularly the nasal cavities. If any catarrhal affections are found in these cavities it is of paramount importance that they receive the proper treatment before an operation is performed. The day before the operation the patient is given a warm bath and a saline purgative, kept in bed, and his face washed with castile soap and water, then washing the skin around the eye to be operated upon with ether, following this again with a 1.5000 solution of corrosive sublimate, after a German method (Schweigger).

The reason I call attention to these minute details is that the patient may suffer from some defect which would not affect an eye in a comparatively healthy state, but might exercise an extremely pernicious influence on the eye after the irritability following the operation. The effect to be dreaded is inflammation, and therefore every measure calculated to prevent its occurrence must be taken. There are still a few opthalmic surgeons who think it quite unnecessary to take these preliminary precautions, but happily, the number is growing less year by year.

At the time of the operation still greater precautions are taken; the patient's face, neck and mouth are thoroughly cleansed, clean underclothing, over which, and fitting close to the neck, a sterilized sheet is wrapped, head bandaged in a sterilized towel, and the eye irrigated with an aseptic fluid, as hot as the patient can bear it. The instruments are also sterilized, all fluids, such as atropine and cocain, are sterilized in a Llewellyn flask. The operation is performed then in the usual manner.

After the delivery of the lens (cataract), and all cortical matter is washed out of the anterior chamber I proceed with the rupturing of the posterior capsule—the subject of my paper. The instrument used is a gold-enameled hook, made as delicately as is consistent with keeping its shape. It is of malleable steel, so that it may be bent to any angle, which I find is convenient, especially when the eye of the patient lies deep in the orbit. The hook is passed into the anterior chamber, and behind the lower pupillary margin of the iris, on its flat side. It is then rotated backwards, hooked into the capsule, drawn gently upwards to the mouth of the incision, rotated on its flat again, and then taken out of the chamber. By this means the capsule is torn, and the vitreous presses forward between the rent. Very little or no vitreous shows at the mouth of the wound. If it does, I snip it off.

When the operation is performed after the simple method (without iridectomy) the same manipulation is carried on with but one exception; and that is, the line of incision is not so long. The ophthalmostat is removed, and the eyeball again irrigated with the hydrostatic eye-douche, followed by dropping one drop of sterilized atropia solution into the eye; the

lids closed and thickly anointed with vaseline, which has been sterilized by boiling; over this, specially devised eye-pads, which have also been sterilized be heat, held in place by adhesive strips, which keep the bandages securely fixed, permitting the patient to change his position in bed as often as is desirable. In twenty-four hours the dressings are removed and both eyes bathed with warm water and irrigated with sulphocarbolate solution, another drop of atropia applied and similar eye-pads adjusted with as much care as at the primal operation, and so continued from day to day until the eye is out of danger.

Is this a new operation? Some of the older writers of fifty years ago hint at the removal of the lens and its capsule, but they are not explicit enough to say that they did so. The only authority that I can find saying so positively is Richard Middlemore, who on page 138, vol. II, in his great work on "Diseases of the Eye," published in 1835, after speaking of the removal of the lens, when the pupil is not clear, on account of the thickening of the posterior capsule or the hyaloid membrane, says: "In every such instance I have found it absolutely essential to the successful result of the case to lacerate the posterior capsule and hyaloid membrane and permit the escape of a portion of the vitreous humor." Coming nearer to our own day, I must say a few words about the distinguished surgeon who left his impress upon all who witnessed his wonderful skill as an operator. I have reference to the late Dr. Richard J. Levis, of this city. I have had the opportunity of examining quite a number of patients, from whom cataracts were removed by this eminent surgeon. In nearly every instance the posterior capsule was evidently ruptured at the time of the primal operation. Whether this was a constant practice of Dr. Levis I am unable to say, but I am sure he realized the importance of removing the posterior capsule at the time of the original operation. Pagenstecher, of Wiesbaden, is also an advocate of removing the lens and its capsule at one sitting. Hasner, another German ophthalmologist, is an advocate of this radical operation. It has recently come to me indirectly that Dr. Knapp, of New York, is also lacerating the posterior capsule at the first operation.

Is the operation always successful? Laceration of the capsule alone does not prevent the hyaloid membrane from becoming slightly translucent. When this takes place we may follow with a needle operation, and not provoke cyclitis by trying to tear a tough, inelastic tissue.

I have been in the habit of performing this operation in alternating cases for ten years. In those patients upon whom the operation was performed I had to repeat a needle capsulotomy (scissors) in about 15 per cent. of the cases. Where it was not performed, in about 75 per cent. In the 15 per cent. of the cases where it did not succeed I can only attribute it to a very thick posterior capsule, the vitreous receding after closing of the eyeball, and thereby not keeping the capsule separated, but practically closing again. My experience has led me to believe that there is less danger of inflammation of the eyeball in immediate capsulotomy than in a subsequent operation.

The elder operators recognized the gravity of puncturing an eyeball with a needle, and hailed with delight the improved method which completely revolutionized statistics. My own experience is fast leading me to adopt the cutting through the cornea with a keratome and the incision of the capsule with a De Wecker's scissors, disregarding the needle altogether. With the preliminary treatment, and with the aseptic methods now employed, success is almost always assured, whilst with the treacherous needle almost every surgeon has had reason to regret his modus operandi in more ways than one.

1304 Walnut street.

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## INCIPIENT INFLAMMATIONS OF THE EAR IN EARLY LIFE AND THEIR SEQUELAE*.

ABSTRACT OF PAPER. BY S. MACCUEN SMITH, M. D., PHILADELPHIA, PA.

The object of this paper is to present a few suggestions for the purpose of stimulating a general interest in the primary aural inflamations that must necessarily first come under the care of

*Read at the Pennsylvania State Medical Society, May 16, 1894.

the general physician. It must be the aim of all true physicians to prevent disease of the ear rather than to relieve conditions that should have been prevented.

It has been estimated that from eighteen to twenty per cent. of school children are unable to write from dictation correctly, when the teacher speaks in a high tone of voice, at a distance of twenty to twenty-five feet. If this is correct it reveals an increasing and alarming affliction among our young population to which the profession have not given serious consideration.

The great majority of ear diseases have their beginning in infancy and early childhood, and as the practitioner of general medicine is always, and very properly, the one first to be consulted, he must be morally responsible for the proper management of these incipient ear troubles.

Within the past three years it has fallen to my lot to see six infants die from disease of the middle ear, in every case of which the trouble had not been recognized until within a few hours of death; four of these patients were thought to be suffering from "brain fever," and two from "meningitis."

When a child frets and cries persistently, and the cause cannot be otherwise located, an examination of the ears will frequently reveal the difficulty and suggest prompt means of relief.

It is gratifying to note the gradual disappearance of the gross ignorance that divided all the diseases of the ear into two great classes: "wax and no wax;" "wax curable and wax incurable."

During intra uterine life there is an accumulation of a semi-fluid substance within the tympanic cavity known as Wharton's Jelly. About the time of birth this fluid is absorbed through the physiological changes which take place in the tympanum, and by means of which air is admitted into the middle cavity, immediately following the first cry of the infant. The external auditory meatus is sometimes obstructed by the cheese varnish (vernix caseosa) covering the surface of the fetus. The presence of this material may cause inflammation of both drumhead and meatus itself, and it is said "the child was born with a discharging ear." This is in all probability caused by the presence of some unabsorbed Wharton's Jelly acting as a irritant and exciting suppurative inflamation of the tympanic cavity. It is well, therefore, to examine the external auditory canal of the new born child, and, if it be free from accumulated material, and the membrana tympani is found to be congested, the tympatic cavity should be inflated by Politzer's method, which, if it fails to relieve the symptoms, should be followed by careful puncture of the drumhead and inflation again used.

The treatment of so-called "earache," when due to inflammation in a previously healthy middle ear, becomes an important matter and we must consider it the imperative duty of every practioner of medicine to be able to promptly recognize suppuration of the tympanic cavity.

Two forms of acute inflammation of the middle ear, the one caused by exposure to dampness, sea bathing, the careless use of the nasal douche, decayed teeth, or extension of catarrhal condition of the throat; the other form occuring during the course of infectious fevers, should be recognized.

For treatment of acute inflammation of the tympanic cavity as soon as pain of any character is complained of blood letting in front of the tragus by leeches is of first importance. A blister in the same spot will answer the purpose in less severe cases. Inflation of the tympanic cavity is an important part of the treatment. In a majority of the cases this is readily accomplished in children by attaching a piece of soft rubber tubing to a Politzer's air-bag, and inserting this into the nostril air can be forced into the middle ear during the spasmodic crying of the child, which will prevent the air from entering the throat. A continuous stream of mild carbolic acid or boric acid solution properly heated should be directed into the external meatus.

When this treatment fails to relieve the symptoms it is safe to assume that abscess is forming in the cavity and no time should be lost in puncturing the drumhead at the most dependent point.

When there is a discharge it is best treated by inflating the cavity twice a week and a daily injection of a warm boric acid solution.

The importance of these inflammations of the ear has an increasing interest when we consider the multitude of deaf mutes that are traceable to a discharging ear as a consequence of one

of the exanthemata. The inability to speak is usually the result of deafness. When the deafness is caused by congenital arrest of development there is no probability of the case ever being improved, but when the deafness and subsequent loss of speech has been acquired after birth, such an affliction can frequently be remedied when promptly recognized and treated.

When all this suffering and future affliction can be prevented by prompt and judicious treatment in the incipient stages of these imflammations we must protest against the neglect and indifference that is so manifest in a large number of these cases.

No. 1502 Walnut street.

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## A CONTRIBUTION TO THE STUDY AND OPERATIVE TREATMENT OF INTRA-LIGAMENTOUS TUMORS OF THE UTERUS.

BY. M. le Dr. EMILE IANERS.*

This author's classical management of his essay, with the clear and unbiased views on the above subject, are so exceptionally excellent, that the main portion of it will be embodied in this translation.

He commences by declaring that the decortication and removal of a fibroid developed in the broad ligament—the so-called extraligamentous—is always attended with much more danger to life than the performance of a typical abdominal hysterectomy.

New difficulties and dangers arise from a multiplicity of causes—from the volume of the tumor, the abnormal situation of the pelvic viscera, the absence of a pedicle, the persistence of a vast sanguineous pocket, and damages to the cellular tissues of the pelvis.

### VOLUME OF THE TUMOR.

The volume of the tumor, though of no mean importance, is an incident of minor importance compared with its extensive adhesions. By employing the Trendelenburg posture, those tumors which arise from the uterus by narrow pedicles may be easily removed.

It is, however, altogether a more serious affair with those which are lodged in the broad ligament. Here the danger from hemorrhage is great. Enucleation is slow and always very difficult when the surface of the growth has contracted extensive and intimate attachments with the neighboring organs

The author in one case removed one of these tumors which weighed 12 kilogrammes and another that weighed 22.

### ABNORMAL SITUATION OF THE PELVIC VISCERA.

This is a complication of the greatest gravity.

Those tumors which spring up beneath the folds of the broad ligament may insinuate themselves under the cecum on the right side, or the sigmoid flexure on the left; so they may make their way under the peritoneal cul de sac, the vesico uterine, and displace the ureters. We may find these structures more or less firmly bound down to the new growth. The bladder, uterus, tubes, intestine and ovaries may be caught in their grip and carried up to or beyond the umbilicus.

Under these circumstances, which are not uncommon, the surgeon is in great danger of wounding those adjacent organs, the capsules of which are incorporated with the investment of the neoplasm; the intestine may be opened, the bladder lacerated and the ureter dam aged, if not torn away altogether. All these accidents may attend the decortication of a large speading tumor in the broad ligament. They have occurred under the hand of the most eminent operator. He has unwittingly torn the intestine, pinched or ligated the ureter, under the impression that he had an artery, and has opened the bladder.

### ABSENCE OF A PEDICLE.

This anatomical characteristic renders it impossible for the surgeon to apply elastic constriction over the base of the tumor.

When the growth is ballooned high up in the abdomen the rubber tube may be placed on the tumor, but it is impossible to adjust it at its origin and under it. Hence, in the hands of anyone the enucleation of these tumors is always attended with hemorrhage, at times alarmingly abundant, against which the surgeon has no means of control, except by the use of clamps, compression and haste in bringing the operation to a close.

"The mental anguish of the surgeon," says Fritsch, "for the moment is terrible. The danger of the immediate

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* Translated by T. H. Manley, M. D., from Archives De Tocologie et de Gynecologie, April, 94.

death of one's patient is imminent, it may be difficult or impossible to discover the source of the hemorrhage." Finally he declares that "among the operators who have the most to do with this class of cases there are none who can boast that he never had an accident to deplore."

The tumor raised leaves an immense bleeding pouch, which may keep on bleeding after the abdomen is closed, and which if infection develops, becomes the seat of a redoubtable peritonitis. Whether we suture its borders to the abdominal incision, drain or flush it, suppuration is quite sure to follow, and that by its prolonged course will enfeeble our patient or lead to eventration.

The surgical treatment of these tumors may be attended with such formidable difficulties as to induce even the intrepid Pozzi to declare, that, "when we have opened the abdomen and determine a very complicated state of affairs we will do the best for our patient by contenting ourselves with castration instead of extirpation."

Our prognosis is indeed sombre, says Schroeder, "in those formidable cases where the tumor has no pedicle, and we must be content with enucleation from the vascular tissue of the pelvis."

Unhappily, surgical intervention is sometimes imposed upon us in spite of the great difficulties in our way, maybe, perchance, of the rapid growth and cystic degeneration of the tumor; maybe because of insufferable compression of the rectum, or bladder, or by circulatory disturbances dependent on the compression of some of the great blood trunks of the pelvis.

In a considerable number the surgeon will find himself confronted by two alternatives. First, to hazard an operation, the issue of which is always uncertain, or to let the patient die unrelieved. The extirpation of these intra-ligamentous fibroids is not like that of the interstitial or sub-mucous, subjected to established rules. Each case demands a diverse technique.

"It is impossible," says Pozzi, "to give regular fixed rules for their removal, for they are artificial growths."

The tumor being brought into view, we must set about to drain off the blood current from its roots as best we can. First, the ovarian arteries, which have become greatly enlarged, must be ligated; then those vessels crossing over from the adnexa must be seized and closed. This being accomplished, our next step is to open the tumor's capsule and commence the work of decortication from the cellular tissue of the pelvis.

This is sometimes easy, but it may present formidable difficulties; hemorrhage may be frightful, and in spite of all we can do, the loss of blood is great, and the operation must be hurried to a termination. The detachment of the tumor from the viscera may be simple in some, while in others its fusion with them may be such as to render a division of the bone attended with the greatest danger. A prudent and cautious dissection may succeed in separating the anterior face of the tumor from the wall of the bladder and its base from the ureters.

But should we wound the intestine, we must then and there either suture or resect it; the torn bladder must be carefully closed, and, when the ureter is divided, we must at once do a nephrotomy or implant its divided end in the rectal walls.

The removal of these growths is much expedited by Reverdin's elevator-hooks, or by the pressure upward of the growth, by the hand of an assistant, in the vagina.

Schroeder in all these cases endeavors to preserve the uterus. He carries a flap of peritoneum over the large breach made in the ligament and carefully closes all bleeding points with absorbable suture; but the author himself prefers a simultaneous supra-amputation of the uterus.

Schroeder in all cases, relying on radical antisepsis, hermetically closes the wound without any drainage; and, no doubt, in the large proportion of cases, this course will admirably succeed. But as Hoffmier has pointed out, should but a few germs find access to the peritoneal cavity, this plan is attended with great danger.

The author says that the technique in these cases, for after treatment, varies with various surgeons; but that in his own practice he prefers tamponage with iodoform gauze, placed extra-peritoneally. This exercises a steady pressure, possesses highly antiseptic properties, is an excellent hemostatic, may be renewed at any time, and leaves a fistulous opening through which effete materials may drain away.

The author closes by giving in detail his personal experience in sixty-one nigomotemies, six of which were of the intra-ligamentous type.

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## SOME MEDICAL TERMS.

One often runs across some very long terms in medical literature, the pronunciation of which would bother the ablest scholar to articulate, were he to attempt it off-hand; however, rarely as these terms are used, it is interesting to note them occasionally.

We had occasion to state recently that the technical term of the iodide of thalline was "tetrohydroparamethyloxychinoline," which is short compared with some other terms

There is an old name for chrisophanic acid termed "dioxymethylanthraquinone." An instrument used for breaking ossified callus in falsely united fractures bears the name of "dysmorphosteopalinklastes." The impurity of cocaine called ecgonin is technically simply "methoxyethyltetraphdropysidinecarboxylic acid," while the chemical terminology of the pure article is called by the name of "methylbenzomethoxyethyltetrahydropyridinecarboxylate." The last term is probably the longest word in the English language and contains 52 letters.

## THE CODE QUESTION.

We are glad to note in this issue that the Pennsylvania State Medical Society took so firm a stand relative to the change in the code.

This code agitation comes up almost periodically and is evidently fostered by those who desire to increase their consulting practice. They want members of all schools admitted to the ranks of the regular profession, not because they so desire a unanimity of feeling as that they may be called in consultation by the other schools without being tabooed by their own.

If we ask one of these would-be code-revisers: "Would you call in consultation a homeopath to help you out on a case?" nine chances out of ten he would say; "No; certainly not." Why, then, should he more desire the reverse of the proposition?

Is it not for personal gain and notoriety?

We think the resolutions which are fast being expressed at the various State medical societies will have much weight at the meeting of the National Society in San Francisco. At the same time it must be rememberd that votes count and personal attention must be given the matter by attendance at the meeting.

The best plan that has been suggested in our opinion, is to table indefinitely the measure of revision and this can be done without debate.

## THE GYNECOLOGIST AND GENERAL SURGEON.

In a recent issue of an exchange we find a contribution on a gynecological operation, in which the writer in his preliminary remarks, in a sort of an apologetical manner, excuses or justifies himself as a general surgeon for roaming into the domain of the specialist*

This, it seems to us, was altogether unnecessary and gratuitous on the part of the writer, who is a well-known and distinguished surgeon, for it is absurd to suppose that one can pretend to a mas-

*Dr. John B. Deaver on "Vaginal-Hysterectomy."

tery of operative gynecology who is not well grounded in the principles of general surgery.

It is true that the country is now overrun with what are called gynecologists, who have never had any extended systematic training or experience in operative surgery, who coolly undertake the performance of operations of the most formidable character, and often recommend and do others which are not required, thereby mutilating their patient. In this specialty the supply has very greatly exceeded the demand.

On the other hand, general surgeons, with few rare exceptions, will not hesitate to perform any operation, except those on the eye and ear, and generally regard the gynecologist as a trespasser, who should be driven from the field.

Lawson Tait brought down on his head the maledictions of the united British profession, because he defended the specialty of gynecology though he disclaims for himself any other title than a general surgeon. The London Lancet, in accord with the great medical body of England, still repudiates the British Gynecological Society and refuses to notice its transactions by publication.

No candid observer can deny that all sorts of specialism have, of late, been overdone.

What we need are not more gynecologists, but better surgeons. Let the former spread out. He has already claimed the obdurate as his. He might go further up and down, include the vascular system, the other cavities, the bones and joints. He will remain just as efficient a gynecologist and thus-wise he will "even up" with the surgeon, who will never relinquish his claim to every fibre of the body, in either sex.

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## AUTOGENOUS INFECTION OF WOUNDS.

At a recent meeting of the New York Academy of Medicine Dr. Joseph D. Bryant presented a short essay, bearing on the subject of auto-infection of wounds.

In one case, in which fatal infection followed the wiring of a fractured patella, he thought it possible that the pyogenic agent had been conveyed by a probe, which had been employed on a diseased joint; though he had his doubts.

In one other case, in which he simultaneously operated, for double genu-valgum, though both limbs were equally treated by rigorous aseptic measures, one freely suppurated. And hence, he raises the question as to whether it is possible for a wound to become infected through pus-producing agents in the circulation?

This raises an important question, for if infecting microbes are habitually conveyed through the blood, then the most effective surface sterilization will not suppress the development of suppuration.

However, when it is borne in mind that these terms, aseptic and antiseptic possess but a relative meaning, and that both are scientifically inexact and misleading, we need not be surprised that suppuration will often follow, in spite of every precaution. The average so-called antiseptic solution, is no antiseptic at all; for a fluid to be microbically potential, its irritation would be most disastrous. Iodoform, which is most generally employed in these times, in obedience to the behests of fashion, is an excellent medium for the culture of most any description of the microbic family. Sterilization is effected only by such excessive heat as will not only destroy germs, but every sort of living cell as well.

It is self-evident then that it cannot be applied to the parts to be divided, nor the surgeon's hands. But what is more, it has been recently demonstrated that, with few and rare exceptions, the principal types of pathogenic or pyogenic microbes have their abode in the living body; but that they are consumed, or their number reduced by the blood scavenger, the phagocyte; besides, that it is only under certain disturbed conditions of health, bad hygienic surroundings, that it is presumed they possess any lethal properties at all.

We may conclude then, that without questions, modern precautions have tended to greatly minimize the tendency to septic infection of wounds, but that the constitution of the patient, the season of the year and hygienic environment are factors which play a role, the importance of which should not be overlooked by the judicious operator.

## THE PRIMARY BATTERY.

We believe it was Professor Tyndall who made the striking assertion that, from the standpoint of locked-up energy, if we take a gun-cap for the cell, a tear for the electrolyte and suitable electrodes, the total energy, if gathered, would make a pretty good thunder storm. If this could be even in a remote degree approached by any practicable form of battery, aerial ships might soon be known to commerce. And why should not the missing link be discovered? There has been great work done by investigators in the past on the production of electricity from primaries batteries, and there has been a vast amount of swindling accomplished by scientific fakirs along this same line. But is the primary battery question after all anywhere near a solution? Has it ever been the subject of the merciless rasp of scientific law and requirement that has torn the jagged edges and corners off the once nearly unrecognizable dynamo? Has not a great proportion of the so-called "improving" been done by kitchen chemists and back-yard electricians? Much has been said and written on the necessity for zinc as the combustible element, simply because experimenters have found it to be so with the combinations tested. But years of constant investigation and testing by a hundred experimenters would not begin to run the gamut of possibilities on the electro-chemical scale. There is hope, certainly, and there is plenty of room for an honest, efficient and easily maintained primary battery.

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## MASSAGE FOR INCONTINENCE OF URINE.

Dr. Narich strongly commends his simplification of Brandt's massage for this troublesome affection. A number of successful cases are quoted, in several of which a single seance seems to have been all that was needed to effect a cure. The essence of the treatment lies in restoring the lost tonicity of the sphincter of the bladder, and accordingly in his latest cases the author limits the massage to the neck of the bladder. Further observations on this interesting subject are promised.

# Book Notes.

INDIANLAND AND WONDERLAND. By Olin D. Wheeler. Published by the Northern Pacific R. R. Co., St. Paul, Minn. Price, 6 Cents.

It is difficult to adequately describe with sufficient credit the value of this little work. It is vastly more than the ordinary description of railroad scenery. It is a book which no one can fail to appreciate, whether he has traveled to a great extent or not. The book is neatly gotten up, contains magnificent halftone cuts of some of the grandest scenery in America—yes, in the world.

The text briefly describes the wonderful country through which the Northern Pacific Railroad runs or to which it is a route.

The Yellowstone Park, with its grandeur and glory of towering mountain peaks and deep canons—so magnificent that on is thrilled with inspiration to exclaim, "Lord, what is man that thou art mindful of him!"—those wonderful geysers, sprouting into the air a hundred feet or more, and many other wonders which space forbids us to mention, all are detailed in this little volume.

A chapter is also devoted to Alaska, its scenery and cities, as well as the famous Oregon region.

The extremely small price of this work will bring it within the reach of every lover of nature's wonders and there should be a great demand for it.

TREATMENT OF TYPHOID FEVER. By D. D. Stewart, M. D., Philadelphia. Published by George S. Davis, Detroit, Mich., 1893. The Physicians' Leisure Library. Price, 25 cents.

"Were all water and milk used for personal and domestic purposes sterilized enteric fever would soon disappear" is a statement which appeared some time since in medical literature.

This is undoubtedly true to a greater or less extent, but it must also be remembered that in ice and uncooked vegetables there may reside many typhoid bacilli.

This work treats very admirably the subject of typhoid fever from the standpoint of its prevention, as well as of its treatment after the attack has commenced. The contents are divided into four chapters, "Prophylaxis," "General Management," "Specific and Antiseptic Treatment," "Treatment of Special Symptoms and Complications."

# Surgery.

**Under the charge of T. H. MANLEY, M. D., 302 W. 53d St., New York.**

### SYRINGO-MYELIA.

M. Marie presented a curious case of syringo-myelia, under a form of pseudo-acromegalia.

The patient, who was 21 years old, remarked that during the past three years his left foot and right hand had greatly increased in volume.

The right hand was notably larger and more plump than the left. This hypertrophy occupied the metacarpal and digital part of the hand, particularly; the index finger and the thumb were larger in proportion than the rest. The skin was thick, hard, and in places on the surface ulcerated. The length of the hand is not augmented.

The left foot is the form of a cube, very thick and apparently shorter than its fellow. The ankle was enormously hypertrophied. The dorsal surface showed signs of old ulcerations. The patient had scoliosis, diminished sensibility and such other trophic changes as stamped it typical scoliosis.

Some authors, he declares, would designate this condition, as acromegalia; or an association of this with syringo-myelia. But, this he thought, was a mistake, because in acromegalia the hands were not involved, are not augmented in volume. In fact, even a casual observation will at once assure one that there is scarcely any intimate relationship between the two.

Acromegalia affects symmetrically all the tissues simultaneously of both extremities; while in syringo-myelia the hypertrophy is habitually unilateral and presents a marked predilection for the hands and fore-arms.

—Revue De Chirurgie, April '94.

### A CASE OF INTERSTITIAL TUBAL PREGNANCY TREATED BY ABDOMINAL SECTION.

Lawson Tait: Patient, 38, had had four children, youngest 3 years old. Had menstruated regularly until three months previously, in July, when her period went on for three weeks. Again in August and September it went on for five weeks, and after that she saw nothing. She was attacked with severe pain in the left side at the end of August, and noticed a lump in the left groin in September, since which time the lump had grown and the pain had steadily increased. When seen October 22 she looked extremely ill, and a large mass occupied the pelvis and bulged up toward the left side. It fluctuated and gave the impression of being imbedded in the broad ligaments, and as if the uterus was spread over the right side of it. It did not extend quite up to the umbilicus. The case was diagnosed as one of suppurating cyst of the broad ligament and immediate operation advised. Upon opening the abdomen Tait saw that the conditions were new to him. The tumor was certainly covered by uterine tissue, and while the uterus could not be discovered independently, it became evident that the tumor consisted of an enlargement of the posterior and upper wall. The mass was punctured just behind the advancing left cornu, but only a little putrid serum was obtained. The opening was enlarged and a large quantity of offensive blood clots and placental and fetal debris turned out.

—Lancet.

### REMOVAL OF THE UTERUS FOR SUSPECTED MALIGNANT DISEASE.

Dr. Cordier, quoted in "American Journal of Medical Science," February, 1894, holds that it is better to remove the uterus even when the microscopical evidence of malignant disease is not positive than to wait until the diagnosis has become certain, when the case may become inoperable. His conclusions are:

Cancer of the cervix is nearly always a local disease, which is sure to terminate fatally if allowed to run its usual course. Early extirpation is attended with a low rate of mortality and is curative in a considerable number of cases. Microscopical examination of suspected tissue does not always present the typical appearances of cancer, even when it is present; hence one should not base his decision against operative interference on this criterion alone when there is other strong evidence of existing malignant disease.

—Kansas City Medical Index.

# Medicine.

Under the charge of E. W. Bing, M. D., Chester, Pa.

## NEW RESEARCHES ON GLYCOSURIA.

In diabetic, as in normal dogs, the suppression of the liver functions is constantly followed by diminution of the proportion of sugar in the blood.

In cases of hyperglychemia and of pancreatic glycosuria, the consumption of glucose in the tisues occurs sensibly with the same activity as in cases of normal glycosuria.

Hepatic hyperglychemia always is caused by hypersecretion of glycose by the liver and not by a stoppage or slowing of the destruction of sugar by the tissues. The rapid increase of the proportion of sugar in the general circulation a short time after the re-establishment of the hepatic circulation is a new proof of the importance of this organ in glycogenesis and in the glycohemic function.

## THE ACTION OF THE PANCREAS IN THE REGULATION OF THE GLYCOGENIC FUNCTION OF THE LIVER.

When the nerves leading to the liver are cut the effect are different according as to whether the pancreas has or has not been previously removed.

In the latter case the hypoglychemia remains about normal. In the first case hyperglychemia and often glycosuria occurs. These facts show the influence of the pancreatic secretion over the liver. When all the nerve communications between the nerve centres and the liver are cut, the pancreas continues to moderate the glycogenic function. The removal of the pancreas suppresses this governing action and hyperglychemia occurs.

La Prog. Med.—E. W. B.

## EXTIRPATION OF THE THYROID GLAND AND URINARY TOXEMIA.

Paul Maison, after experimenting, publishes the following:

1. Urinary toxemia is raised after thyroidectomy.
2. The curve of toxicity sensibly follows that of the consecutive symptoms.
3. Toxicity is increased considerably at the moment of the epileptic attacks.
4. Inanition constitutes a source of error which tends to diminish the urotoxic coefficient.
5. The milk diet exercises no influence on the appearance or development of the symptoms.
6. The milk diet exercises no influence on the urinary toxicity in dogs deprived of the thyroid, in which acute symptoms are evolving.

The author thinks the experiments confirm those of Laulanie and Gley, and constitute a further argument in favor of the doctrine which teaches that the thyroid body is an organ provided for the destruction of toxic products, which in its absence accumulate in the organism.

Rev. Med.—E. W. B.

## MOIST APPLICATIONS IN DISEASES OF THE RESPIRATORY ORGANS.

In the course of all acute and in certain events in chronic diseases of these organs, there is active hyperemia.

The increased blood supply, by its suddenness and intensity, is an important factor in the aggravation of the general and local state of disease.

To combat this revulsives are generally ordered. Gendree finds the permanent envelopment of the chest with moist applications much preferable, especially in children. They diminish dyspnea, overcome elevated temperature and the nervous symptoms dependent on it.

The application may be warm or cold water, applied by a cloth (preferably gauze), sufficiently long to surround the chest two or three times, and covered by a dry towel. The rationale is well understood and need not be quoted.

Rev. Med.—E. W. B.

## HEMATURIA AND THE BILHARZIA HEMATOBIA.

Caillet met with a Tunisian subject for ten years to hematuria, for which it was impossible to assign a cause. Microscopic examination of the urine showed the presence of ova and embryos of Bilharzia, which established the diagnosis and the cause.

This observation shows that the bilharzia is not confined to Egypt and the Soudan, but extends to Tunis. The mechanism is due to the accumulation of the trematodes in the vesical veins, determining rupture of these. The treatment is unsatisfactory.

# Electro-Therapeutics.

Under the Charge of S. H. MONELL, M. D., 665 Lexington Ave., New York.

### FACIAL PARALYSIS.

This is a common form of paralysis and very frequently comes under electrical treatment. Disease of the ear and exposure to cold are commonest exciting causes. If we except those cases of paralysis of the facial muscles which form part of hemeplegia, the remainder usually depend upon disease of the lower segment—usually in the nerve trunk. The part of the nerve which is generally at fault is that which passes along the fallopian aqueduct. In this part a very little swelling of the nerve or of the walls of the aqueduct is sufficient to cause compression of the nerve fibres.

The reaction of degeneration is likely to be present in a large number of cases of facial palsy. In all but the slightest cases of disease of the facial nerve the faradic reaction disappears within the first ten days, often within the first week.

Facial paralysis yields readily to electrical treatment. The static and faradic forms are well-nigh equally effective. If faradism is applied place the positive electrode over the cervical spine and press the negative upon the nerve trunk in front of the ear. A high tension coil, with a current strength that can be comfortably borne, will be effective.

If neuralgia is present the use of the positive pole, with a mild galvanic current, will give immediate relief, as will also the static breeze.

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### SOME SURGICAL APPLICATIONS OF ELECTRICITY.

A paper on the above subject was read by Dr. W. J. Herdman before the Northwestern Ohio Medical Society, in which he said: Many of us have been and will be called upon to deal with abnormal growths in the rectum, malignant or benign. These may be of the nature of epithelioma, carcinoma, polypoid, villous, or hemorrhoids. If malignant and advanced resection may afford the only hope of relief.

If seen early, however, I have two suggestions to present regarding the surgical management of rectal growths. One of these relates to a method of exposing the rectal walls by means of a wire speculum and the lithotomy position.

The second suggestion has reference to the manner of removing such growths. In the vast majority of instances it is best to do this by means of electrolysis. To those who are familiar with the physical effects of a constant or galvanic current upon animal tissues this needs no explanation; for those who do not it is sufficient to say that at the points of application to the body of electrodes through which such a current of sufficient strength is passing, decomposition of the tissues takes place.

At the positive electrode oxygen, chlorine and the acids that enter into the composition of the tissues are set free and these chemical agents react upon the tissues in their immediate locality, coagulating their albuminoid constituents and drying and shriveling the parts immediately adjacent.

At the negative pole the alkalies are set free, which liquefy the albuminoids and soften and relax the tissues in their vicinity. Now, these are physical effects, readily controlled and applied, and which are peculiarly serviceable in the destruction of the growths we so often find arising from the rectal and other mucous surfaces. Such growths are often broad at the base; frequently they are extremely vascular and fed by large vessels freely anastomosing; their origin may be inaccessible to knife or ligature by reason of intervening folds of normal mucous membrane; they oftentimes are remote from the surface, thus preventing the operator from using any form of cutting instrument easily, and when he attempts it, the profuse bleeding hides everything from sight; the incision must include a wide margin of normal tissue about the base of the growth, and so, likewise, must the ligature, to be effective, embrace all that is abnormal, and more; the resulting cicatrix from these methods is likely, therefore, to cause stricture or adhesions that seriously impair the result.

# Ophthalmology.

Under the Charge of J. A. TENNEY, M. D., 2 Commonwealth Ave., Boston.

## PARASITIC CONJUNCTIVITIS.

Dr. Gustave Eisen, of San Francisco, recently reported a disease of the eye not hitherto described, to the Society of Eye, Ear, Nose, and Throat Surgeons, of that city, which report was printed in the American Journal of Ophthalmology. He found the disease prevalent among the people who dwell along the coast of Mexico, and extending into Peru and Chili in South America.

The cause of the disease is a small fly, that alights upon the eyes, and deposits what appears to be an intestinal parasite of the fly. More than one-half of the children in this locality have the disease every year. It runs its course in from six to eight weeks, according to the care taken to keep the eyes clean. It appears that the parasites rarely or never destroy the eyes affected.

The disease commences as a slight redness upon the conjunctiva at the upper and inner corner of the eye. This spreads, until the whole eye is affected. Then muco-purulent ophthlamia occurs, with pain, and severe constitutional disturbance. All the muscles of the body become sore, especially those of the back, arms and legs. The child is stupid, and desires to lie down most of the time. The lids become enormously swollen and everted. Soon, what appears to be particles of flesh are thrown off, but which are really small worms or filaria, each being about an inch long, when fully developed, and resembling a piece of thread.

Knowing that worms do not thrive in salt water he applied a solution of sodium chloride to the affected eyes, which had the effect of cutting down the duration of the disease to twenty days. The natives looked upon this result as something wonderful, contrasting it with the usual duration of the complaint.

The doctor was about to return to Mexico, and it will be interesting to learn what effect sulphate of zinc, nitrate of silver, and corrosive sublimate solutions will have upon this most singular affection.

J. A. T.

## WEAK SPECTACLES.

Donders taught us that hyperopic astigmatism of less than one dioptre was not pathological. It must be that he was dealing with an exceptional class of people when he made that statement. In America the majority of patients who go to an oculist for relief do not have more than one-half that amount.

But some practitioners here assert that when a patient suffers on account of having half a dioptre of astigmatism ill health lies back of the condition. This we believe to be an error.

An optician in Boston, who is always at his post, and is the picture of robust health, told the writer that if he left off his glasses for two hours he would have a headache. He wore plus cylinders of half a dioptre.

A lady known to the writer went to a noted oculist to have her eyes examined for spectacles. Her eyes were to her a torture. He did not think it necessary at her time of life to use a mydriatic, and put on plus cylinders without it. She went to see him again, told him that her eyes were worse than they were before. He looked upon it as a case of spasm of accommodation, as she could see 20-xx with the glasses, although she could see better with minus cylinders. She finally went to an optician, who put —.25 Cyl. before each eye. These lenses gave perfect relief.

Probably she had hyperopic astigmatism with exophoria, which even so weak a glass as that will often relieve surprisingly.

## THE TRANSACTIONS OF THE PAN-AMERICAN MEDICAL CONGRESS.

The proceedings of the first Pan-American Medical Congress were compiled by the secretary-general, Dr. Charles A. L. Reed, and transmitted to the Department of State in November, 1893. By recent joint resolution of the Senate and House of Representatives the manuscript was transmitted to Congress, and a concurrent resolution has been adopted directing the Public Printer to print the same. The manuscript is now in the office of the Public Printer, and will be put to press at once under the supervision of the Editorial Committee, of which Professor John Guiteras, of Philadelphia, is the chairman.

# Miscellany.

## STATE BOARD OF MEDICAL EXAMINERS OF NEW JERSEY.

Office of the Secretary, No. 319 York street.

Jersey City, May 21, 1894.

A special meeting of this board for the examination of candidates desiring to practice medicine in this State will be held in the Capitol, at Trenton, on the third Tuesday of June (the 19th), and it will be the last meeting for the examination of candidates held under our present medical law, as the new law enacted by the recent sesion of our Legislature goes into effect July 4, 1894. This new law requires all candidates to have a competent common school education, to be graduates in medicine and surgery which they shall have studied at least four years and upon which they shall have taken three full courses of lectures, before they can be admitted to the examination for a license, and then all will be subjected to the same examination; it also empowers the Board to accept, in lieu of an examination, the certificates of other State Examining and Licensing Boards, having similar requirements. Respectfully,

WM. PERRY WATSON, M. D., Secretary.

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It is reported that a Frenchman has invented an electric mosquito bar which electrocutes insects which come in contact with it.

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## ANNUAL MEETING OF THE PENNSYLVANIA MEDICAL SOCIETY.

The Medical Society of the State of Pennsylvania held its forty-fourth annual session, May 15-17, with the President, Dr. H. G. McCormick, of Williamsport, presiding. There was a large attendance of delegates from the various county societies.

The proceedings were opened with a prayer by the Rev. A. B. Philputt, after which Mayor Stuart was introduced, and, in a few remarks, extended to the delegates a cordial welcome to the city. Philadelphia, he said, was very closely allied to the history of medicine in this country, and for that reason it was very gratifying to have the society meet here. It was in this city, with such men as Benjamin Franklin as corporators, that the first hospital was established. It was here, also, that the first medical school in the United States was instituted and located, as well as the first school of anatomy. Since then, he said, the city has always maintained a creditable position as a centre of medical learning, not only in the United States but in the world at large.

Then, after alluding to the successful steps taken to wipe out the bogus diploma institutions which years ago existed in this city, the Mayor said the medical profession generally owed a debt of gratitude to the County Medical Society for the active part which it took in that work.

Then, in the name of the people of Philadelphia, the Mayor extended to the delegates a heartfelt and cordial welcome, expressing the hope that the deliberations of the society would advance the material interests of the studies and institutions of medicine, not only in Pennsylvania, but in America generally.

On behalf of the Committee of Arrangements, Dr. E. E. Montgomery, the Chairman, also made an address of welcome. As the Mayor, he said, had welcomed the society from a medical standpoint, it became his province to take the political side, and welcome the members to a new Philadeuphia with new streets, from which cobblestones had been banished; a city which has awakened to great possibilities, and which is reaching out in commerce, literature, science and medicine.

The secretary, Dr. William B. Atkinson, presented the report of delegates to the American Medical Association, which met in Milwaukee last year, and followed it with a report of the State Society, showing that the latter now numbers 50 societies in good standing, with 2500 members. All the societies, he said, show a healthy growth, and he suggested that they should urge upon all respectable medical men the advantage of being connected with the local societies.

Dr. G. B. Dunmire, treasurer, reported the receipts for the year, including a balance of $1012.04 from the previous year, as $4122.24; the disbursements amounted to $2123.75, leaving a balance on hand of $1978.49.

In presenting the report of the Committee on Legislation, Dr. John B. Roberts referred to the passage by the Legislature of the Medical Examiners' bill, and said that the first examination under that law would be held on June 11 next. The Legislature was also petitioned in regard to the enactment of a law in reference to the care of the insane, but it failed in the House.

Dr. S. S. Cohen offered a resolution, which was adopted, placing the State Society on record as opposed to any alteration by the American Medical Association, which meets in California next month, in the Code of Ethics.

The Luzerne County Society sent a protest against the use of the term "allopath" as applied to a regular practitioner.

Dr. Roberts presented a resolution, adopted by the Philadelphia County Society, relative to the Code of Ethics, declaring it derogatory to professional character to dispense or promote the sale of secret nostrums, and directing the trustees of the Journal of the American Medical Association to respect the spirit of the Code of Ethics in the columns of that journal by refusing to advertise such nostrums.

At the opening of the afternoon session the address in surgery was delivered by Dr. G. D. Nutt, of Williamsport, in which he gave a resume of the progress made in that branch of medical science. The mortality in major operations, he said, had been reduced about one-half. The prevention of disease should be the aim of the profession, but in difficult surgical operations success or failure depends greatly upon the action of the general practitioner and the place where the operation is to be performed. Upon the family physician, he said, depended often the success of a case, as he was generally the first to be summoned, and an early consultation on his part was absolutely necessary.

Dr. E. Laplace, of this city, followed, with a paper on the subject of the "Radical Cure of Hernia," in which he recommended an early operation in all incipient cases. The operation, he said, was a perfectly safe one, as it had not been followed by any fatal results.

The rest of the afternoon session was occupied mainly by the reading of scientific papers by Dr. J. C. McAllister, of Driftwood; F. Le Moyne, Pittsburg; J. V. Shoemaker, John B. Deaver, Orville Horwitz and O. H. Allis, of this city.

SECOND DAY.

The address in medicine was delivered by Dr. W. S. Foster, of Pittsburg, who gave a resume of the progress made in medical science during recent years, and in which, he said, medical men take too many suggestions from so-called manufacturing chemists.

Dr. Hildegarde H. Longsdorf, of Carlisle, a graduate of the Woman's Medical College, of this city, followed with a most interesting paper on the subject of "Christian Science in Its Relation to the Medical Profession," which was listened to with great interest.

Dr. S. S. Cohen, of this city, then followed with a consideration of the question: "Should the Journal of the American Medical Association be used to promote Quackery?" After referring to the Code of Ethics, which makes it derogatory to the profession to advertise, to hold any patent for an instrument, or to dispense any secret nostrum, as inconsistent with beneficence and professional liberality, he charged that the trustees of the Journal of the American Medical Association advertised secret nostrums, and he thought the society ought to place itself on record on the question by instructing its delegates to the American Medical Association to use their endeavors to secure the election of trustees who would obey the code and not make themselves and the members of the State Society partners in quackery.

When Dr. Cohen had concluded, Dr. C. H. Thomas offered resolutions indorsing the action taken on the subject by the Philadelphia Society, and instructing the delegates to the American Medical Association to use every honorable endeavor to secure such action as will effectually remove the evils complained of; that, if the Journal cannot be conducted without the advertisements, it had better be discontinued.

After the resolutions had been discussed by Drs. Corson, Jeffries, Roberts and others they were unanimously adopted.

Papers were also presented by Drs. J. M. Baldy, Philadelphia; X. O. Werder, Pittsburg; B. H. Detwiler, Williamsport; Charles H. Thomas, Philadelphia; W. H. Daly, Pittsburg, and Drs. J. M. Anders, J. M. Barton, B. F. Baer, F. X. Dercum, of Philadelphia; Adolph Koenig, of Pittsburg; L. Webster Fox and Dr. S. Mac Cuen Smith, of Philadelphia.

At the opening of the afternoon session the Committee on Nominations announced the following, who were unanimously elected:

President, Dr. John B. Roberts, Philadelphia; first vice president, Dr. S. C. Stewart, of Clearfield County; second vice president, Dr. J. A. Lippincott, Allegheny County; third vice president, Dr. J. H. Wilson, Beaver County; fourth vice president, Dr. R. Armstrong, of Clinton County; secretary, Dr. William B. Atkinson, Philadelphia; assistant secretary, Dr. H. G. Kreutzman, of Franklin County.

Treasurer, Dr. G. B. Dunmire, Philadelphia County.

Members of Judicial Council, Dr. C. L. Stevens, Bradford County; Dr. J. C. Gable, York County; Dr. W. P. Bishop, Dauphin County.

Delegates to the American Medical Association, Drs. J. K. Weaver, Montgomery County; G. H. Vastine, Susquehanna County; L. B. Kline, Columbia County; Kirwin, Luzerne County; J. F. Ross, Clarion; J. W. Hughes, Westmoreland; H. G. Kreutzman, Franklin; William Anderson, Indiana; J. M. Beyer, Jefferson; S. Solis Cohen, E. E. Montgomery and Edward Jackson, Philadelphia; Davis, Montgomery; D. M. Weidman, Berks; J. L. Zeigler, Lancaster; J. P. Simpson, Beaver; J. B. McAllister, Dauphin; S. W. Woodburn, Bradford; J. P. Getter, Mifflin; R. B. Hammer, Westmoreland; W. G. Gifford, Chester, and J. C. McAllister, of Montgomery County.

Delegates to New York State Medical Society, Dr. T. W. Graff, Montgomery County; New Jersey Society, Dr. C. A. Rather, Dauphin County; Maryland Society, Drs. A. C. Wentz, of York County, and G. R. Koons, of Cumberland County.